







Development of a holistic communication score (HoCoS) in patients treated for oral or oropharyngeal cancer: preliminary validation

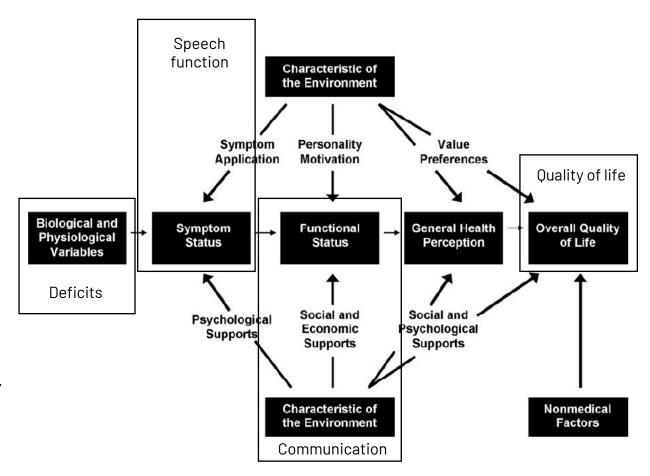
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CONTEXT

- Cancer of oral cavity and oropharynx
 - High incidence: > 475,000 new cases worldwide in 2020 (Global Cancer Observatory 2020, World Health Organization)
 - Degrade speech function (Mlynarek et al., 2008)
- Bio-psycho-social models consider functional and psychosocial repercussion
 - ICF (World Health Organization, 2001, Murphy et al., 2007)
- Patients live longer with the consequences of their pathology or its treatment (Borggreven, 2007)
 - Communication abilities have to be considered in daily care (Eadie, 2018)









CONTEXT

■ Few tools exist to assess the functional impact on communication abilities (Bolt et al., 2016, Meyer et al., 2004)

Evaluation of deficits and symptoms on communication

Evaluation of psychosocial consequences

Specific evaluation on communication function in neurology

Inextensive
evaluation
of daily
communication
abilities

PHI (Balaguer et al., 2020) VHI (Jacobson et al., 1997) CHI (Balaguer et al., 2021) EORTC (Aaronson et al., 1993, Bjordal et al., 1999)

ECVB (Mazaux et al., 2006) DIP (Walshe et al., 2009) CPIB (Baylor et al., 2009)

- How to "score" the communication?
 - Many questionnaires result in scores by item or global scores, by addition or average
 → each item carries the same weight on communication alteration









OBJECTIVE

To develop a holistic communication score measuring the functional impact of speech disorders on communication in patients treated for oral or oropharyngeal cancer

Construction

Preliminary validation

- ANR "RUGBI" project (grant ANR-18-CE45-0008)
 - Reviewed and approved by the Committee for the Protection of Persons [CPP: Ouest IV, 19/02/2020, reference 11/20_3]











Inclusion criteria

- Patients coming for consultation or hospitalization in ENT department
- At least 18 y.o.
- Having been treated for OC/OP cancer for at least 6 months



Non-inclusion criterion

Patients with other associated chronic disease









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Selection process of questionnaires

- Communication-related questionnaires: ECVB, DIP
- Questionnaires assessing speech function: PHI, CHI
- Quality of life questionnaires: EORTC QLQ-C30, QLQ-H&N35







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Selection process of questionnaires

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Construction of the score

Face validity

- 9 experts
 - Consensus definition of communication abilities in oral/oropharyngeal cancer
 - Individual selection of items I-CVI >0,77 (Lynn, 1986, Polit et al., 2007); Kappa of agreement ≥ 0,81 (Landis & Koch, 1977)

Construct validity

- Elimination of redundant and/or insufficiently variable items
- Elaboration of the holistic communication score (HoCoS)
 - Principal-component factor (PCF) analysis (latent variable)
 - Prediction of HoCoS scores by regression analysis on the set of new variables (1st factor)









Selection process of questionnaires

Construction of the score

Validation of the score

- 5-fold cross validation (reliability)
- Latent profile analysis (LPA, Cai, 2012)
 - To compare performances of a qualitative HoCoS (from the LPA) and the quantitative HoCoS





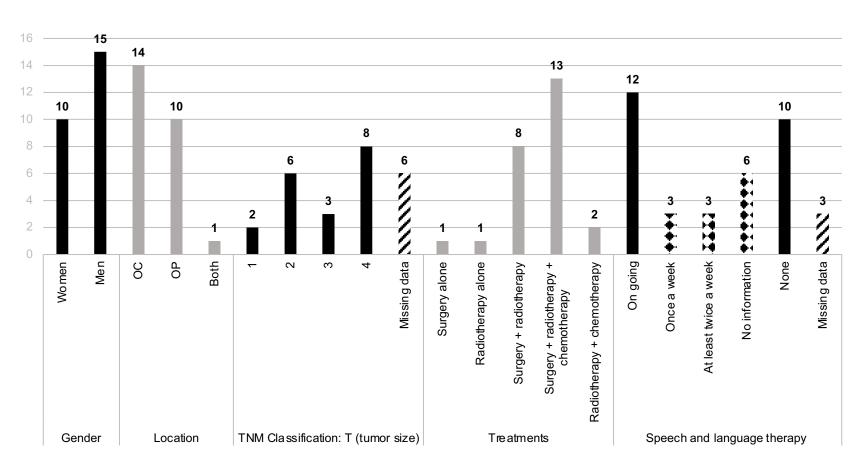




Characteristics of the participants (n = 25)

■ Median age: 67 y.o., IQR: 12

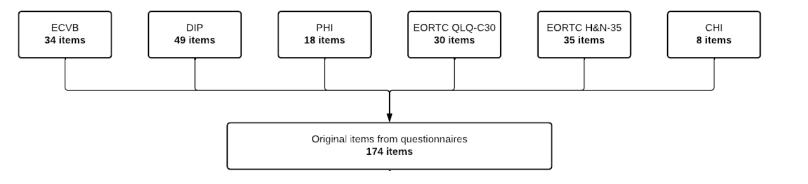
 Average time since treatment: 87.2 months









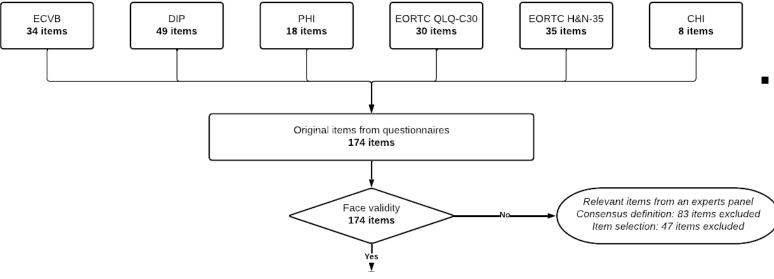


Original items from questionnaires 174

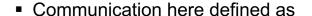








Face validity



- Relating to oral communication
- Relating to expression
- Relating to interaction between speaker and interlocutor, even if implicit
- Online questionnaire
 - Items retained (I-CVI, Kappa of agreement)

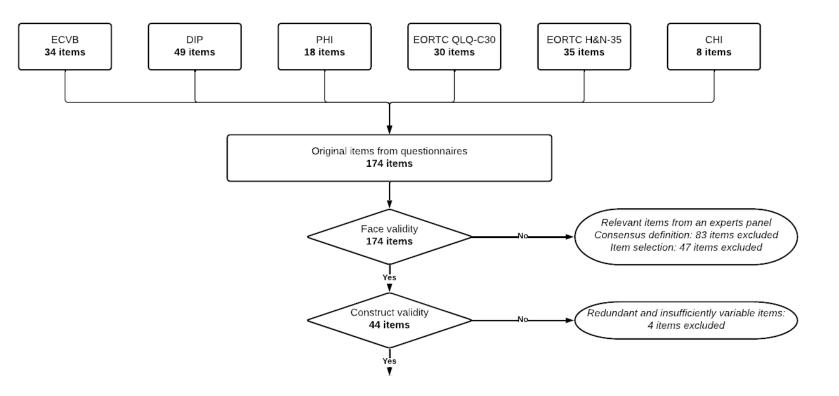












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Construct validity

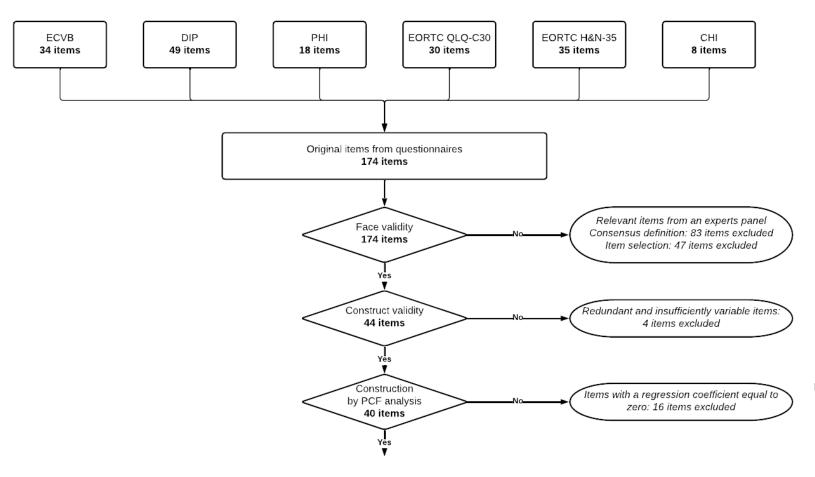
- Non redundant $(r_s \ge .90)$
- Sufficiently variable

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Elaboration of the score (1/2)

- Prediction of values for factor 1 (PCF analysis, Roscoe, 1982)
 - Retained items: non-zero coefficient

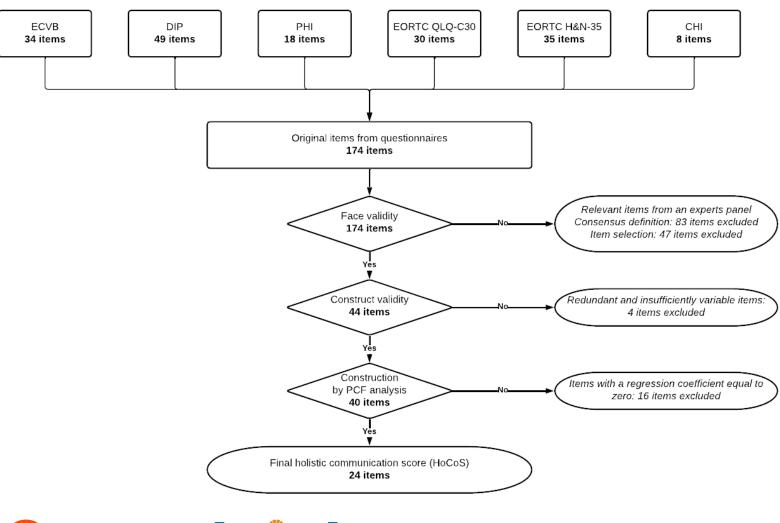
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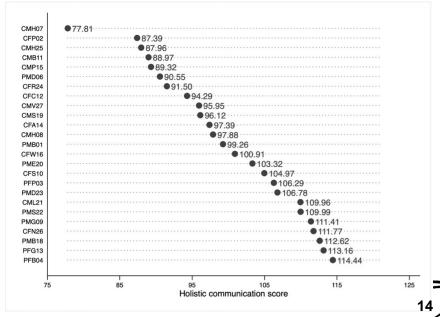






Elaboration of the score (2/2)

- Predicted HoCoS
 - Centered on 100
 - SD = 10
 - The higher the score, the better the communication abilities are perceived





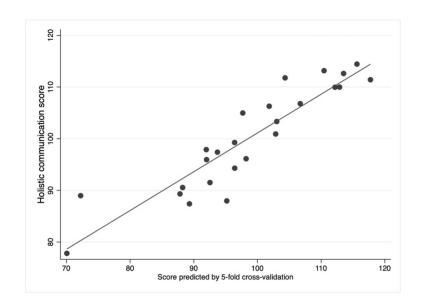


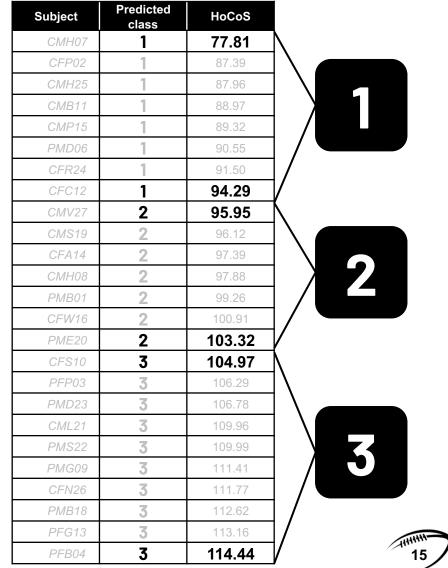


Validation

r_S = .91 (HoCoS / predicted values 5-fold cross-validation)

Latent profile analysis











DISCUSSION

Psychometrics

2 Limitations

- Good performances in validity and reliability
 - High correlation in cross-validation (r_S = .91)
 - Validity confirmed by LPA

- Limited sample
 - Need to increase the sample size
- External validation on a new set of patients
- Analysis of temporal reliability





DISCUSSION

S Perspectives

- Including both speaker and interlocutor in communication abilities assessment
- Specifying the communication assessment using indicators related to individual and environmental context (according to the bio-psychosocial models)
- Allowing an easier customization of patients' therapeutic strategies









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All patients
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THANKS FOR YOUR ATTENTION











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